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POSTMASTER
ROME NY 13440-9998



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08 SEP 2006 PM 1
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First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Joseph Zupnik, Managing Partner
Stonhedge Health and Rehab Center
801 North James Street
Rome, NY 13440

13404324-01 2014

EP-51

OFFICER IN CHARGE



Joseph Zupnik, Managing Partner
Stonehedge Health and Rehabilitation Center
801 North James Street
Rome, NY 13440

Subject: Request for Change of Address Information

Dear Mr. Zupnik:

In response to your August 15, 2006 request for "a copy of the falsified or forged document . . . indicating that Ms. Halbitter filed for a change of address . . ." please find enclosed a copy of the PS Form 1093 submitted to the Postal Service on or about April 6, 2006.

Sincerely

A handwritten signature in black ink that appears to read 'Brian Czarnecki'.

Brian Czarnecki
Officer in Charge

110 E GARDEN STREET
ROME, NY 13440-9998

OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-10 in blue or black ink. Your signature is required in item 9.

1. Change of Address for: (Read Attached Instructions)

Individual (#5) Entire Family (#6)

Business (#6) 2. Is This Move

Temporary?

3. Start Date:

(ex. 02/27/06)

4. If TEMPORARY move, print date to
discontinue forwarding: (ex. 03/27/06)

5a. LAST

Jr./Street

5b. FIRST

Name

and MI

6. If BUSINESS

Move, Print

Business Name

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

7a. OLD

Mailing

Address

7a. OLD

APT or

Suite

7c. OLD

CITY

8a. NEW

Mailing

Address

8a. NEW

APT/Suite

or P/B

8c. NEW

CITY

9. Print and Sign Name (see conditions on reverse)

Print:

Signed:

Date:

(ex. 01/27/06)

PS FORM 355, JANUARY 2006

Visit usps.com to change your address online or call 1-800-ASK-USPS (1-800-275-8777) 0106

135-2225-2525-2525

OFFICIAL USE ONLY

Zone/Route ID No.

1311410114

Date Entered on Form 3552

M D Y

6101010106

Expiration Date

M D D Y Y

Client/Carrier Endorsement

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OFFICIAL MAIL FORWARDING CHANGE OF ADDRESS ORDER

Please PRINT items 1-10 in blue or black ink. Your signature is required in Item 9.

1. Change of Address for: (Read Attached Instructions) 2. Is This Move
Individual (#5) Entire Family (#5) Business (#6) Temporary? Yes No3. Start Date: 4. If TEMPORARY move, print date to
(ex. 02/27/06) discontinue forwarding: (ex. 03/27/06)5a. LAST
Name &
Jr./Sr./etc.5b. FIRST
Name
and MI6. If BUSINESS
Move, Print
Business Name

PRINT OLD MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

7a. OLD
Mailing
Address7a. OLD
APT or
Suite7c. OLD
CITY

PRINT NEW MAILING ADDRESS BELOW: HOUSE/BUILDING NUMBER AND STREET NAME (INCLUDE ST., AVE., CT., ETC.) OR PO BOX

8a. NEW
Mailing
Address8a. NEW
APT/Ste
or PMB8c. NEW
CITY

9. Print and Sign Name (see conditions on reverse)

Print:

Sign:

10. Date

Signed:

(ex. 01/27/06)

OFFICIAL USE ONLY

Zone/Route ID No.

Date Entered on Form 3982
M M D D Y YExpiration Date
M M D D Y Y

Clark/Carrier Endorsement

7d. 7e.
State ZIP**OFFICIAL USE ONLY**